

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Attorney Docket: 74.2860

First Inventor: Dalius Klakauskas

Title: Natural Shape Enhancing Brassiere

031088 U.S. PTO
107684715
101503



APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form	9. <input type="checkbox"/> Assignment Papers (cover sheet & documents)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status (37 CFR 1.27)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney	
3. <input checked="" type="checkbox"/> Specification	Total Pages <u>14</u>	11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)
	Title page 01 page	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449
	Specification 09 pages	<input type="checkbox"/> Copies of IDS citations
	Claims (1-17) 03 pages	13. <input type="checkbox"/> Preliminary Amendment
	Abstract 01 page	14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503)
4. <input checked="" type="checkbox"/> Drawings (Figures 1-4)	Total Sheets <u>4</u>	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
5. <input checked="" type="checkbox"/> Oath or Declaration	Total Sheets <u>2</u>	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/3 or its equivalent
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	17. <input type="checkbox"/> Other	
b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d))	_____ _____ _____	
i. <input type="checkbox"/> <u>DELETION OF INVENTORS</u> Signed Statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))	17a. <input type="checkbox"/> Other	
6. <input checked="" type="checkbox"/> Application Data Sheet	_____ _____ _____	
7. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)	17b. <input type="checkbox"/> Other	
8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	_____ _____ _____	
a. <input type="checkbox"/> Computer Readable Form (CFR)		
b. Specification Sequence Listing on:		
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper		
c. <input type="checkbox"/> Statements verifying identify of above copies		

18. If a CONTINUING APPLICATION, *check appropriate box, and supply requisite information below and in a preliminary amendment:*

Continuation Divisional. Continuation-in-part (CIP) of prior application serial no. _____

Prior application information: Examiner _____ Group Art Unit : _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Direct all correspondence to: Peter A. Borsari, Esq.

Borsari & Associates, P.C.
2001 Jefferson Davis Highway, Suite 206
Arlington, Virginia 22202
Telephone: 703 415 4633 Facsimile: 703 415 4635

SIGNATURE:

Peter A. Borsari, Registration Number: 32,114

Date: October 15, 2003

101503
16698

U.S. PTO

FEE CALCULATION & TRANSMITTAL SHEET

TOTAL AMOUNT OF PAYMENT: \$ 385.00

Attorney Docket: 74.2860

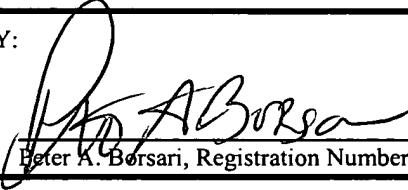
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METHOD OF PAYMENT	FEE CALCULATION (continued)																																											
<input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check # <u>4635</u> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17 and credit any overpayments to: Deposit Account Number: 54-1014 Deposit Account Name: Borsari & Associates	3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Fee Description</th> <th style="width: 50%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Surcharge - late filing fee or oath</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Non-English specification</td><td>_____</td></tr> <tr><td><input type="checkbox"/> For filing a request for <i>ex parte</i> reexamination</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Requesting publication of SIR prior to Examiner action</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Extension for reply within first month</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Extension for reply within second month</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Extension for reply within third month</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Extension for reply within fourth month</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Notice of Appeal</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Filing a brief in support of an appeal</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Request for oral hearing</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Petition to Revive - unavoidable</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Petition to Revive - unintentional</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Petitions to Commissioner</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Processing fee under 37 CFR 1.17q</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Submission of Information Disclosure Stmt</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Assignment Recordation Fee</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Request for Continued Examination</td><td>_____</td></tr> <tr><td style="text-align: right;">SUBTOTAL (3)</td><td style="text-align: right;">\$ 00.00</td></tr> </tbody> </table>		Fee Description	Fee Paid	<input type="checkbox"/> Surcharge - late filing fee or oath	_____	<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	_____	<input type="checkbox"/> Non-English specification	_____	<input type="checkbox"/> For filing a request for <i>ex parte</i> reexamination	_____	<input type="checkbox"/> Requesting publication of SIR prior to Examiner action	_____	<input type="checkbox"/> Extension for reply within first month	_____	<input type="checkbox"/> Extension for reply within second month	_____	<input type="checkbox"/> Extension for reply within third month	_____	<input type="checkbox"/> Extension for reply within fourth month	_____	<input type="checkbox"/> Notice of Appeal	_____	<input type="checkbox"/> Filing a brief in support of an appeal	_____	<input type="checkbox"/> Request for oral hearing	_____	<input type="checkbox"/> Petition to Revive - unavoidable	_____	<input type="checkbox"/> Petition to Revive - unintentional	_____	<input type="checkbox"/> Petitions to Commissioner	_____	<input type="checkbox"/> Processing fee under 37 CFR 1.17q	_____	<input type="checkbox"/> Submission of Information Disclosure Stmt	_____	<input type="checkbox"/> Assignment Recordation Fee	_____	<input type="checkbox"/> Request for Continued Examination	_____	SUBTOTAL (3)	\$ 00.00
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SUBMITTED BY:

SIGNATURE:


Peter A. Borsari, Registration Number: 32,114

Date: October 15, 2003